



Applicants:

Brenton A. Baugh, Tanya J. Snyder, and Kendra Gallup

Assignee:

Agilent Technologies, Inc.

Title:

Optoelectronic Device Packaging With Hermetically Sealed Cavity

And Integrated Optical Element

Serial No.:

10/666,091

Filing Date:

September 19, 2003

Examiner:

Sheila V. Clark

Group Art Unit:

2815

Docket No.:

10030386-1

San Jose, California December 27, 2004

Mail Stop AMENDMENT COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

This response to the Office Action dated August 26, 2004, which has a statutorily shortened period for response that that an accompanying Request for Extension of Time extends to December 27, 2004, includes:

Amendments to the specification;

A listing of the claims presented for further examination; and

Remarks given in reply to the Office Action dated August 26, 2004.

THE PATENT LAW OFFICES OF DAVID MILLERS

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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2894												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY	
TO	TAL CLAIMS							RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	395.00	OR	BASIC FEE	790.00
TOTAL CHARGEABLE, CLAIMS			minus 20=		•			×25		OR	x-50	
INDEPENDENT CLAIMS			ninus 3 =		•			x 100		OR	x 200	
M	ILTIPLE DEPE	NDENT CLAIM P	•				+1.80		OR	+360		
* (1	the difference	in column 1 is	less than zero, enter "0" in column 2			ļ	TOTAL		OR	TOTAL		
	C	Column 1)	MENDED - PART II (Column 2) (Column 3))	SMALL	ENTITY	OR	OTHER SKALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO	EST BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE
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ME	Independent	. 5	Minus	***	3_	- 2		×100		OR	x200°	400
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+180		OR	+360	
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(Column 1) (Column 2) (Column 3)												
ĭT B		CLAIMS REMAINING AFTER		HIGHI NUME PREVIO	BER	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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AMENDMENT	Total .	*	Minus	#4		= :		×25		OR	x:50	
MEN	Independent	• : .	Minus	***		=	1	× 100		OR	4200	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا ل	+ 180		OR	+360	
• If the entry in column 1 is less than the entry in column 2, write '0' in column 3.												
"If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20." ADDIT. FEE												